FERENCE & ASSOCIATES
Amendment Transmittal

Atty. Docket No. YOR920010425US1
(590.072)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

RECEIVED
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DEC 2 3 2004

In re Application of	:	Chaudhari et al.
Serial No.	:	09/931,316	Examiner: M. Lerner
Filed	:	August 16, 2001	Group Art Unit: 2654
For	:	METHODS AND APPARATUS FOR THE SYSTEMATIC ADAPTATION OF CLASSIFICATION SYSTEMS FROM SPARSE ADAPTATION DATA

COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

1. ☐   Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.

OR

2. ☒   In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.

3. ☐   Small Entity status of this application has been established by a verified statement previously submitted.

4. ☐   A verified statement to establish Small Entity status is enclosed.

<u>CERTIFICATE OF MAILING UNDER 37 CFR § 1.8(a)</u>

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being facsimile transmitted on (703) 872-9306 on December 23, 2004 to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Stanley D. Ference III
(Type or print name of person mailing paper or fee)
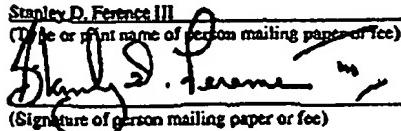
_____
(Signature of person mailing paper or fee)

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5. ☐ Also enclosed: _____

6. ☐ No additional filing fee is required.

7. ☐ The filing fee has been calculated as shown below:

	Claims Remaining After Amendment (Col. 1)	Highest No. Prev. paid for (Col. 2)	Present Extra (Col. 3)	SMALL ENTITY				OTHER THAN A SMALL ENTITY		
				RATE	FEE			RATE		FEE
Total Claims	21	** 21	= * 0	x $25	=	O R	x	$50	=	0
Ind. Claims	3	*** 3	= * 0	x $100	=	O R	x	$200	=	0
☐ Multiple Dependent Claim Presented			+	$180	=	O R	+	$360	=	
				TOTAL	= $___	O R		TOTAL	=	$0___

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
** If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space
*** If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

8. ☐ Applicant encloses herewith a check for $_____ to cover the filing fee.

9. ☐ The Commissioner is hereby authorized to charge the $_____ filing fee to Deposit Account No. 50-0510.

10. ☒ The Commissioner is hereby authorized to charge payment of any additional filing fees associated with this communication or credit any overpayment to Deposit Account No. 50-0510.

Respectfully submitted,

FERENCE & ASSOCIATES
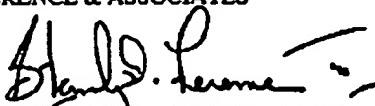
By _____
Stanley D. Ference III
Reg. No. 35,879

Dated: 23-December-2004

Mailing Address:

Customer No. 35195
FERENCE & ASSOCIATES
400 Broad Street
Pittsburgh, Pennsylvania 15143
(412) 741-8400
(412) 741-9292 - Facsimile

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